



## SPECIAL EVENT PERMIT

### PARADE

Planning & Building • 2263 Santa Clara Ave., Rm. 190  
Alameda, CA 94501-4477

alamedaca.gov

510.747.6800 • F: 510.865.4053 • TDD: 510.522.7538

Hours: M, W, Th – 7:30 am – 4:30 pm

T – 7:30 am – 4:00 pm

### ALLOW TEN WORKING DAYS TO PROCESS PERMIT

Attached is an application form for authorization to temporarily encroach into the Public right-of-way. Included with this application is a list of general conditions which may or may not apply to your activity. Please review these conditions along with the application and **answer all questions completely**. Please call (510) 747-6800 if you have any questions.

1. Complete the **attached application** form using blue or black ink, only.
2. Complete the attached **Indemnity and Hold Harmless Agreement**. The City must be indemnified against any and all property damage or bodily injury which may occur. The applicant assumes all responsibility.
3. **Certificate of Insurance** and an **Endorsement for General Liability Coverage** naming the City of Alameda as an Additional Insured in the amount of \$2 million for the duration of the activity. (See attached examples.)
4. **Notification of Event** with signatures, addresses, and phone numbers of owners/tenants of the residences and/or commercial properties that will be impacted by the event.
5. **Diagram Map of the Parade** with Traffic pedestrian Control and Reroute Plan (if necessary).
6. **Caltrans Permit Approval** if the route for the Parade encroaches upon a portion of a State Highway.
7. **Application deposit fee: \$500.00**
8. **No Parking fees:**
  - Signs: \$2.13 each**
  - Spaces, unmetered: \$3.73 per day/per space**
  - Spaces, metered: \$4.65 per day/per space**

Return your completed application, along with the items listed above, to the Permit Center, 2263 Santa Clara Avenue, Room 190, Alameda. Applications are accepted from 7:30 a.m. to 4:30 p.m. on Monday, Wednesday, and Thursday; and 7:30 a.m. to 4:00 p.m. on Tuesday. **Please note: our office is closed on Friday.**

A Permit Technician will accept all your materials for submittal, collect the application fees, and forward your application to the appropriate City departments for approval.

**After all City departments have granted their approval, you will be contacted and asked to come back into our office to read and sign the "Special Event Conditions" relevant to your Special Event.**

## REQUIRED ATTACHMENTS FOR THIS APPLICATION

FORM ID	FORM NAME	NO PAGES
	Accident Waiver and Release of Liability	2
	Indemnity and Hold Harmless Agreement or Indemnity and Hold Harmless Agreement – Alameda Point	1
	Insurance Requirements	1
	Monitored Bicycle Parking Requirements	1
	Request for Refund of Deposit – Special Event Permit	1
	“No Parking” Certificate of Posting	2
	Required Signature Page	1
	Temporary Encroachment	4
	Sample Certificate of Liability Insurance	1
	Sample Endorsement – Commercial General Liability	1



## ACCIDENT WAIVER

### AND RELEASE OF LIABILITY

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*(Please print clearly)*

Please accept my entry in \_\_\_\_\_

Race/Category \_\_\_\_\_

Participant \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Whom to Notify in Case of Emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

#### **READ AND SIGN BELOW**

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. **I AGREE** that prior to participating in an event, I will inspect the race course facilities, equipment and areas to be used and if I believe they are unsafe, I will immediately advise the person supervising the event activity, facility, or area. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owner, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release Liability (AWRL) form will be used by the event holders, sponsors, and organizers in events in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I, for myself, my executors, administrators, heirs, next-of-kin, successors, and assigns, forever waive and release and give up any and all claims, demands, liability, damages, costs, and expenses of any kind whatsoever, including personal injuries to me, or wrongful death, against the following entities or persons: \_\_\_\_\_

(Sponsoring Organization), City of Alameda, its City Council, Boards and Commissions, Officers, Employees and Volunteers, City Hall, Alameda CA 94501, the event holders, event sponsors, event directors, event volunteers, and event officials which may arise from my participation in the event or while traveling to or from the event, even if caused in whole or in part by the negligence or fault of the parties or persons I am hereby releasing, by the dangerous or defective condition of any property or equipment owned, maintained or controlled by them and/or

because of their liability without fault. I FULLY UNDERSTAND I AM FOREVER GIVING UP IN ADVANCE ANY RIGHT TO SUE OR MAKE ANY CLAIM AGAINST THE PARTIES I AM RELEASING IF I SUFFER SUCH INJURIES AND DAMAGES, EVEN THOUGH I DO NOT KNOW WHAT OR HOW EXTENSIVE THOSE INJURIES AND DAMAGES MIGHT BE, AND AM VOLUNTARILY ASSUMING THE RISK OF SUCH INJURIES AND DAMAGES.

I will assume my own medical and emergency expenses and hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during this event.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**H I hereby certify that I have read this document and I understand its content.**

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

**PARENT OR GUARDIAN WAIVER FOR MINORS (Under 18 years of age):** The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of parent or legal guardian



## INDEMNITY AND HOLD HARMLESS

### AGREEMENT

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T – 7:30 am – 4:00 pm

\_\_\_\_\_  
whose address is \_\_\_\_\_

(hereinafter "Indemnitor") in consideration of \_\_\_\_\_

agrees to the following terms and conditions:

Indemnitor shall defend, indemnify, and hold harmless the City of Alameda, its City Council, Boards and Commissions, officers, and employees from and against any and all loss, damages, liability, claims, suits, costs, and expenses whatsoever, including reasonable attorney's fees, regardless of the merit of outcome of any such claim or suit arising from or in any manner connected to the event, services, or work conducted or performed pursuant to this Agreement and Permit.

Indemnitor shall defend, indemnify and hold harmless the City of Alameda, its City Council, Boards and Commissions, officers, and employees from and against any and all loss, damages, liability, claims, suits, costs, and expenses whatsoever, including reasonable attorney's fees, accruing or resulting to any and all persons, firms, or corporations, furnishing or supplying work, services, materials, equipment, or supplies arising from or in any manner connected to the services or work conducted or performed pursuant to this Agreement and Permit.

By the signature below, Indemnitor agrees that it has read this Indemnity and Hold Harmless Agreement and accepts and agrees to each and every term and condition herein.

The signatory below warrants that he/she is authorized by the Indemnitor to execute on its behalf this Indemnity and Hold Harmless Agreement.

INDEMNITOR:

Date: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_



## INDEMNITY AND HOLD HARMLESS

### AGREEMENT – ALAMEDA POINT

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Hours: M, W, Th – 7:30 am – 4:30 pm

T – 7:30 am – 4:00 pm

whose address is \_\_\_\_\_

(hereinafter "Indemnitor") in consideration of \_\_\_\_\_

agrees to the following terms and conditions:

Indemnitor shall defend, indemnify, and hold harmless the United States Department of the Navy, the City of Alameda, its City Council, Boards and Commissions, officers, and employees from and against any and all loss, damages, liability, claims, suits, costs, and expenses whatsoever, including reasonable attorney's fees, regardless of the merit of outcome of any such claim or suit arising from or in any manner connected to the event, services, or work conducted or performed pursuant to this Agreement and Permit.

Indemnitor shall defend, indemnify and hold harmless the United States Department of the Navy, the City of Alameda, its City Council, Boards and Commissions, officers and employees from and against any and all loss, damages, liability, claims, suits, costs, and expenses whatsoever, including reasonable attorney's fees, accruing or resulting to any and all persons, firms or corporations, furnishing or supplying work, services, materials, equipment, or supplies arising from or in any manner connected to the services or work conducted or performed pursuant to this Agreement and Permit.

By the signature below, Indemnitor agrees that it has read this Indemnity and Hold Harmless Agreement and accepts and agrees to each and every term and condition herein.

The signatory below warrants that he/she is authorized by the Indemnitor to execute on its behalf this Indemnity and Hold Harmless Agreement.

INDEMNITOR:

Date: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

## INSURANCE REQUIREMENTS

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T – 7:30 am – 4:00 pm

For all designated coverages, the City of Alameda requires a Certificate of Insurance signed by the party authorized by the insurance company to bind the company to the coverage shown, as well as an Additional Insured Endorsement to the Policy.

### Sample Information:

**1) Certificate of Insurance (sample attached)**

Designated Insurance Requirements:

- i **General Liability: \$2,000,000**
- i Company Rating: A.M. Best "A" or better

Provide the City of Alameda thirty (30) days in advance written notice of cancellation, non-renewal or reduction in limits or coverage including the name of the contract or event.

Signed by the party authorized by the insurance company to bind the company to the coverage shown.

Other insurance coverage may be required based on the type of contract and scope of services.

**2) Endorsement to the Policy (sample attached)**

This endorsement **must**:

- i Name the "City of Alameda, its Council, Officers, Employees, Volunteers, Board and Commissions" as additional insureds; and
- i Include the policy number and type of coverage. **Please note: A statement included on the Certificate that the City is an additional insured, is NOT sufficient.**

**3) Forward the Certificate of Insurance and the Endorsement to the Policy to the Department Representative with whom you are conducting business.**

Please ask your insurance broker or agent to provide both documents to the City of Alameda ten (10) days prior to the event taking place since several departments must sign off on the entire request package before your participation in the event.

## **MONITORED BICYCLE**

### **PARKING REQUIREMENTS**

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[alamedaca.gov](http://alamedaca.gov)

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### **REQUIREMENTS, EVENTS WITH 100+ PARTICIPANTS**

1. Organizers should reserve space for bike parking commensurate with at least 5% of the total expected crowd. Expect a greater need for bicycle parking (10%) at any every located on Recreation and Park property.
2. In parking bicycles, an average length of 6 feet and width of 1.75 feet should be reserved for a single bike.
3. Bicycle parking should be within sight of a regular entrance to the event (maximum of a one-block radius.) This can include car garages, schoolyards, parking lots, or on-street parking.
4. Valet parkers must handle the parking and return of bicycles. Bicycles should be returned upon receiving a claim check to ensure the same bicycles are returned that were left. Valet parkers should record the number of bicycles parked at the event and provide that number to the event sponsor in order to estimate the amount of space needed for the following year's event.
5. Bicycle parking should be monitored at all times by someone approved by the event sponsor.
6. Hours of operation of the secured attended bicycle parking must be at least the same hours as the event.
7. The sponsor shall be financially responsible for the secured attended bicycle parking in the event that bicycles are damaged or stolen.
8. Bicycle parking information must be provided whenever any kind of transportation or directional information is advertised for the event, in the same format and with equal amount of space. All events must indicate the location of the secured attended parking facilities and all event personnel must be aware of the location.

Should any unique circumstances arise in relation to the bicycle parking for a particular event, the applicant should contact the Transportation Coordinator with the Public Works Department of the City of Alameda at (510) 747-7948.



# **EN** \_\_\_\_\_

### ▶ NO PARKING EFFECTIVE DATES

Address/Location: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_

Hours: \_\_\_\_\_ to: \_\_\_\_\_

Spaces Requested: Metered \_\_\_\_\_ @ \$4.79/space per day

Non-Metered \_\_\_\_\_ @ \$3.73/space per day

Number of “No Parking” Signs: \_\_\_\_\_ @ \$2.13 per sign

Reason/Purpose of Posting (construction, moving, filming, etc.): \_\_\_\_\_

**SIGNS WILL BE POSTED ON** (date): \_\_\_\_\_ at (time): \_\_\_\_\_

*No Parking signs must be posted at least 24 hours in advance of requested time per AMC Section 8-7.4a*

▶ **SKETCH OF POSTING AREA ATTACHED** (IF REQUIRED): \_\_\_\_\_ YES \_\_\_\_\_ NO

### ▶ APPLICANT INFORMATION (print):

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

▶ **I CERTIFY THAT NO PARKING SIGNS WILL BE POSTED NO LATER THAN 24 HOURS IN ADVANCE OF THE REQUESTED TIME AS STATED ABOVE:**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

### FOR OFFICE USE ONLY

	Quantities	Cost per space	Subtotals	No. of Days	Totals
Metered spaces:		\$4.79			\$
Non-metered spaces:		\$3.73			\$
No Parking Signs:		\$2.13			\$
<b>TOTAL FEE:</b>					<b>\$</b>

Date faxed to: APD: 522-9291 \_\_\_\_\_

MAINT: 521-8762 \_\_\_\_\_

ENG: 769-6030 \_\_\_\_\_

► **POSTING INSTRUCTIONS FOR NO PARKING SIGNS**

1. Metered spaces: Post sign on each parking meter
2. Non-Metered spaces: Post one sign per each space
3. Use only twine, masking tape, or cinch ties to attach signs to meters, poles, or trees.
4. DO NOT USE duct tape, nails, or staples to attach signs.
5. No Parking hours/dates may not be extended past approved times.
6. All signs must be removed within eight (8) hours of posted ending time of restricted parking.
7. Red Zones, Green Zones, and Disabled (Handicapped) Parking Zones may not be used as temporary No Parking zones.

*Alameda Municipal Code Section 8-7.9 – Temporary Parking Prohibitions*

*a. Whenever the use of a street or portion thereof is authorized for the movement of structures or vehicles of unusual size, parades, or construction and repairs to streets, it shall be unlawful to park on that portion of the street where signs giving notice that parking is prohibited and subject to tow have been posted for a least twenty-four (24) hours prior to towing.*



## REQUEST FOR REFUND OF DEPOSIT

### SPECIAL EVENT PERMIT

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T – 7:30 am – 4:00 pm

**Please submit the ORIGINAL “Request for Refund” form to Permit Center for processing.**

Date faxed copies will not be accepted and will not initiate or expedite the refund process.

Permit No. \_\_\_\_\_

Title of Project \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

This will verify that all associated activities for the above-referenced permit and project have been completed as of \_\_\_\_\_

All “No Parking” signs for this project have been removed (*if applicable*) \_\_\_\_\_  
Initial

**Please refund any unused deposit. Thank You.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Mailing Address for Refund:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return ORIGINAL form to:

City of Alameda Permit Center  
2263 Santa Clara Avenue, Room 190  
Alameda, CA 94501

Revised 6/17/2013

G:\Comdev\Permit Center Forms Update\General Use Forms\Req for Refund of Deposit - Spec Event.doc



## REQUIRED SIGNATURE(S) PAGE (MUST BE SUBMITTED WITH APPLICATION)

Planning & Building • 2263 Santa Clara Ave., Rm. 190  
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### Police Department (All applications)

Contact: Sergeant Ron Simmons  
E-mail: rsimmons@alamedaca.gov  
1555 Oak Street  
Alameda, CA 94501  
(510) 337-8367 (Please call first)

I have reviewed the attached application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Alameda Point (Only Alameda Point property)

Contact: PM Realty Group  
950 W. Mall Square, Room 239  
Alameda, CA 94501  
(510) 749-0304 (Please call first)

Applicant has/will receive a license to film/photoshoot at Alameda Point from PM. This approval does not grant actual authority to film/photoshoot until all approvals are granted by the City of Alameda Permit Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### City Owned Parks (Only City Parks)

Contact: Amy Wooldridge (Monday-Thursday only)  
2226 Santa Clara Avenue  
Alameda, CA 94501  
(510) 747-7529 (Please call first)

Applicant has/will receive permission to film/photoshoot in the City Park from the Recreation and Park Department. This approval does not grant actual authority to film/photoshoot until all approvals are granted by the City of Alameda Permit Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## TEMPORARY ENCROACHMENT

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T – 7:30 am – 4:00 pm

CITY OF ALAMEDA NO. \_\_\_\_\_

Date \_\_\_\_\_

Fees Paid \_\_\_\_\_

Encroachment Permit No. \_\_\_\_\_

1. \_\_\_\_\_  
Name of Organization Address City Zip

\_\_\_\_\_  
Person in charge of event Phone number (day)

2. \_\_\_\_\_  
Name/Title of Chief Officer Phone number (day)

3. List any other organizations which will participate in the proposed activity:

\_\_\_\_\_

(Attach separate sheet if needed)

4. Proposed date(s) and time(s) of activity:

Date: \_\_\_\_\_  
Day Month

Time: \_\_\_\_\_  
From To

Date: \_\_\_\_\_  
Day Month

Time: \_\_\_\_\_  
From To

5. What is the purpose of the proposed activity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please describe the activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Location of activity

Assembly point \_\_\_\_\_

Dispersal point \_\_\_\_\_

**Please trace the exact route on the attached map or provide a drawing.**

8. Estimate the number of participants: \_\_\_\_\_

9. Estimate the number of observers: \_\_\_\_\_

10. Will loudspeakers or sound devices be used? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, how many? \_\_\_\_\_

**Note: Applicant may be required to obtain an additional permit for sound devices.**

11. To what extent will the streets and/or sidewalks on the proposed route be occupied? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Number and kinds of vehicles to be used: \_\_\_\_\_

\_\_\_\_\_

13. Number and kinds of animals: \_\_\_\_\_

\_\_\_\_\_

14. Will your proposed activity require that street(s) be barricaded? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, name of street(s) and/or intersections and indicate on attached map: \_\_\_\_\_

\_\_\_\_\_

## GENERAL PERMIT CONDITIONS

Please review the following list of General Permit Conditions and put a check mark beside those which apply to your activity.

- \_\_\_\_ 1. Applicant(s) agree to abide by all applicable provisions of the City of Alameda's Municipal Code.
- \_\_\_\_ 2. Applicant(s) understand and agree the proposed activity shall occur on the day and time as specified on the application.
- \_\_\_\_ 3. Applicant(s) understand and agree the number of participants in the proposed activity shall be restricted to that stated on the application.
- \_\_\_\_ 4. Applicant(s) understand and agree the proposed activity shall be restricted to the route(s), location(s), and dispersal point(s) as submitted with the application.
- \_\_\_\_ 5. Applicant(s) understand and agree the proposed activity shall be restricted to non-residential areas.
- \_\_\_\_ 6. Applicant(s) understand and agree the proposed activity will be restricted to only one-half of the street. Said portion of street must be clearly designated.
- \_\_\_\_ 7. Applicant(s) understand and agree to comply with restrictions applied to said activity by the State Department of Transportation.
- \_\_\_\_ 8. Applicant(s) understand and agree that use of said property will be restricted to those purpose(s) stated on the application.
- \_\_\_\_ 9. Applicant(s) understand and agree that the property to be used will be restricted to the area(s) as indicated on the application map or attached drawing.
- \_\_\_\_ 10. Applicant(s) understand and agree that the property shall be kept in a clean and orderly manner, free from debris.
- \_\_\_\_ 11. Applicant(s) understand and agree the movement of emergency vehicles shall have priority at all times.
- \_\_\_\_ 12. Applicant(s) agrees to obey all traffic laws applied to the proposed activity as determined by the City of Alameda.
- \_\_\_\_ 13. Applicant(s) understand and agree to provide security and traffic control as needed.
- \_\_\_\_ 14. Applicant(s) understand and agree that additional traffic control and security will be provided for said activity **by utilizing City of Alameda Police Officers on an overtime basis at the applicant's expense. The number of Police Officers to be determined by the reviewing Police watch Commander.**
- \_\_\_\_ 15. Applicant(s) understand and agree that equipment and lighting used for the proposed activity will not obstruct vehicular traffic.

\_\_\_\_ 16. Applicant(s) understand and agree that a sound device will be operated only on the main arterials in Alameda and will not go into residential districts.

\_\_\_\_ 17. Applicant(s) understand and agree to comply with all **Special Conditions** as may be required by City departments after review of application for proposed activity.

I declare that I am authorized to submit this application and that to the best of my knowledge and belief, all of the information given herein is true, accurate, and complete. Applicant(s), further acknowledges the General Permit Conditions as they apply to the proposed activity and agrees to fully comply with them.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

Application for Temporary Encroachment of Public Right-of-Way is hereby approved.

BUILDING OFFICIAL

\_\_\_\_\_  
Greg McFann

\_\_\_\_\_  
Date



# ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A:	
	INSURER B:	
	INSURER C:	
INSURED	INSURER D:	
	INSURER E:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

## CANCELLATION

City of Alameda  
2263 Santa Clara Ave  
Alameda CA 94501

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



**SAMPLE ENDORSEMENT**  
**COMMERCIAL GENERAL LIABILITY**  
Planning & Building • 2263 Santa Clara Ave., Rm. 190  
Alameda, CA 94501-4477  
alamedaca.gov  
510.747.6800 • F: 510.865.4053 • TDD: 510.522.7538  
Hours: M, W, Th – 7:30 am – 4:30 pm  
T – 7:30 am – 4:00 pm

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of our operations or premises owned by or rented by you

**SCHEDULE**

Name of Person or Organization:

City of Alameda, its City Council,  
Boards and Commissions, Officers, Employees, and  
Volunteers  
City Hall, Alameda, CA 94501

or

U.S. Department of the Navy, City of Alameda,  
Alameda Municipal Power, Alameda Housing  
Authority, their respective Boards, Commissions,  
Officers, Employees, Agents, and Volunteers  
City Hall, Alameda, CA 94501

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)